

Agency Referral:			Violation: (Cite Statute or Reg.)		
Inv.: Y N					
Handled by: TRN DEC ADM					
REP:	PRIORITY:	REC'D:	REV'D:	ASGN'D:	

## DETAILS OF COMPLAINT

**STATE YOUR COMPLAINT:** Include the sequence of events surrounding your complaint, the names, addresses, and telephone numbers (if available) of witnesses, and copies of documents pertinent to your complaint including: contracts, reports or photographs.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

If additional space is needed, please attach additional sheets.

I have read the above and it is true to the best of my knowledge.

**Signature of person filing complaint**

Date \_\_\_\_\_

Please return to:

If you have any questions, please feel free to call:

Virginia Office of E.M.S.  
109 Governor Street  
Madison Bldg., Suite UB-55  
Richmond, Virginia 23219  
1-800-523-6019 (VA only)  
804-864-7600